

Name
in
Full

Elizabeth Baile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nautilus</u> Town		<u>Nautilus</u> County		MARYLAND	
Date of death 1907		Month <u>Dec</u>	Day <u>27</u>	Age <u>17</u> Years	Months <u>7</u> Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>housekeeper</u>			Where Residing if not at place of death <u>Nautilus</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Nautilus</u>			
Father's Name <u>George Baile</u>		Father's Birthplace <u>Nautilus</u>			
Mother's Maiden Name <u>Octavia Baile</u>		Mother's Birthplace <u>Nautilus</u>			
Name of person giving information <u>Irving Baile</u>		How related to deceased <u>uncle</u>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<u>Nautilus</u>	How long	<u>Nautilus</u>
Immediate	<u>Pistol shot wound</u>	How long	<u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. R. Bishop M.D.</u>	
Address <u>Nautilus</u>		Address <u>Nautilus</u>	
Accident or Suicide? <u>Homicidal</u>		Address <u>Nautilus</u>	

117



Name
in
Full

Clarence Breunington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	1907	Month	Dec	Day	16
Age		Years		Months	Days
Sex		Male		Color or Race	White
Birth-place		Salisbury Md			
Occupation		Infant		Where Residing if not at place of death	
		Salisbury Md			
Married, Single or Widowed		Infant		Name of Wife or Husband	
		None			
Father's Name		Walter Breunington		Father's Birthplace	
				Wicomico Co.	
Mother's Maiden Name		Alice Kenly		Mother's Birthplace	
				Don't know	
Name of person giving information		Physician		How related to deceased	
				None	

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Perinatal birth</i>	How long	<i>6 days</i>
Immediate	<i>Infant</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Lowis Wrenn</i>	
		Address	
		<i>Salisbury Md</i>	
Accident or Suicide?			

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REPAIRS
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SPR WCH

NO

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1907	Month <i>Dec</i>	Day <i>5</i>	Age <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Travis Parker</i>			Father's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Leah Brewington</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Ellice Brewington</i>			How related to deceased <i>Daughter.</i>		

CAUSES OF DEATH

154

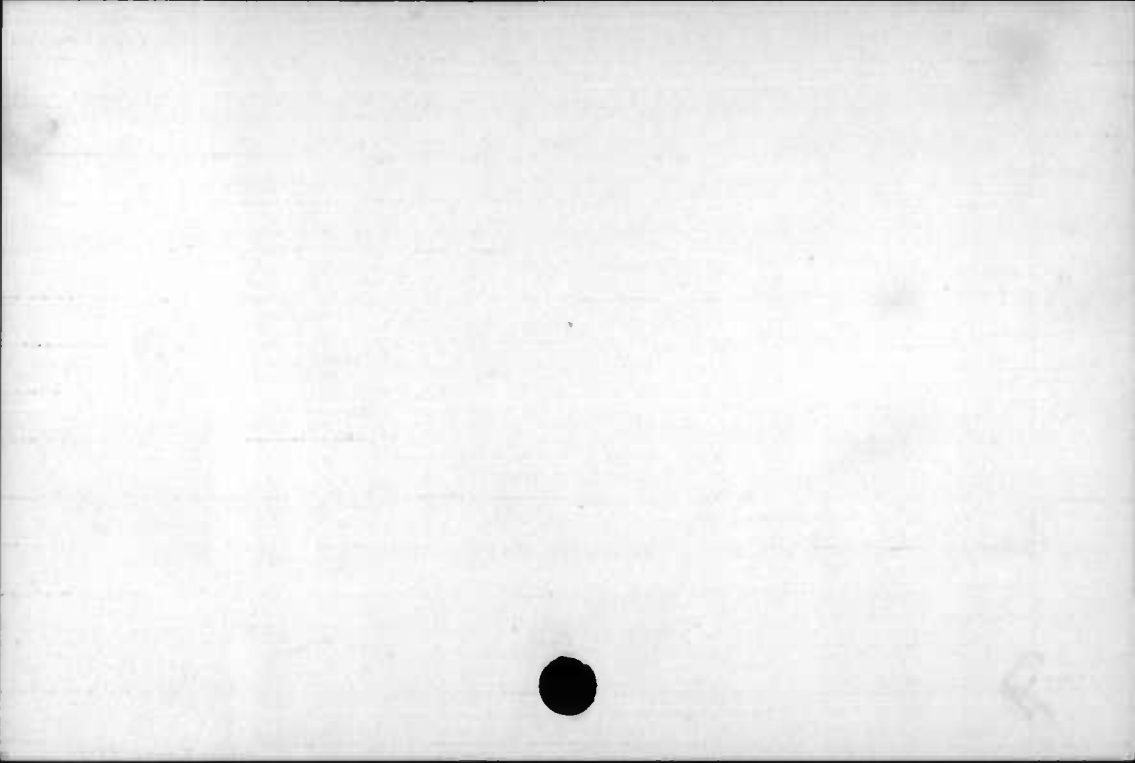
PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>General debility</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. R. Potter</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>8</i>	

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JAN 10 1900

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
	Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>30</i>	Years <i>70</i>	Months <i></i> Days <i></i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Salisbury Md</i>			
	Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Don't know</i>				
	Father's Name <i>Edward Bluff</i>	Father's Birthplace <i>Don't know</i>				
	Mother's Maiden Name <i>Elizabeth Walston</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>George d. Bluff</i>		How related to deceased <i>Son</i>				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px;">79</div> </div>						
PHYSICIAN OR CORONER	Primary <i>Chronic Heart Disease</i>		How long <i>several years</i>			
	Immediate <i>Died Suddenly</i>		How long <i>Short time</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Morris M.D.</i>			
	Accident or Suicide?		Address <i>Salisbury Md.</i>			



Name
in
Full

Vinnie Daskieil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

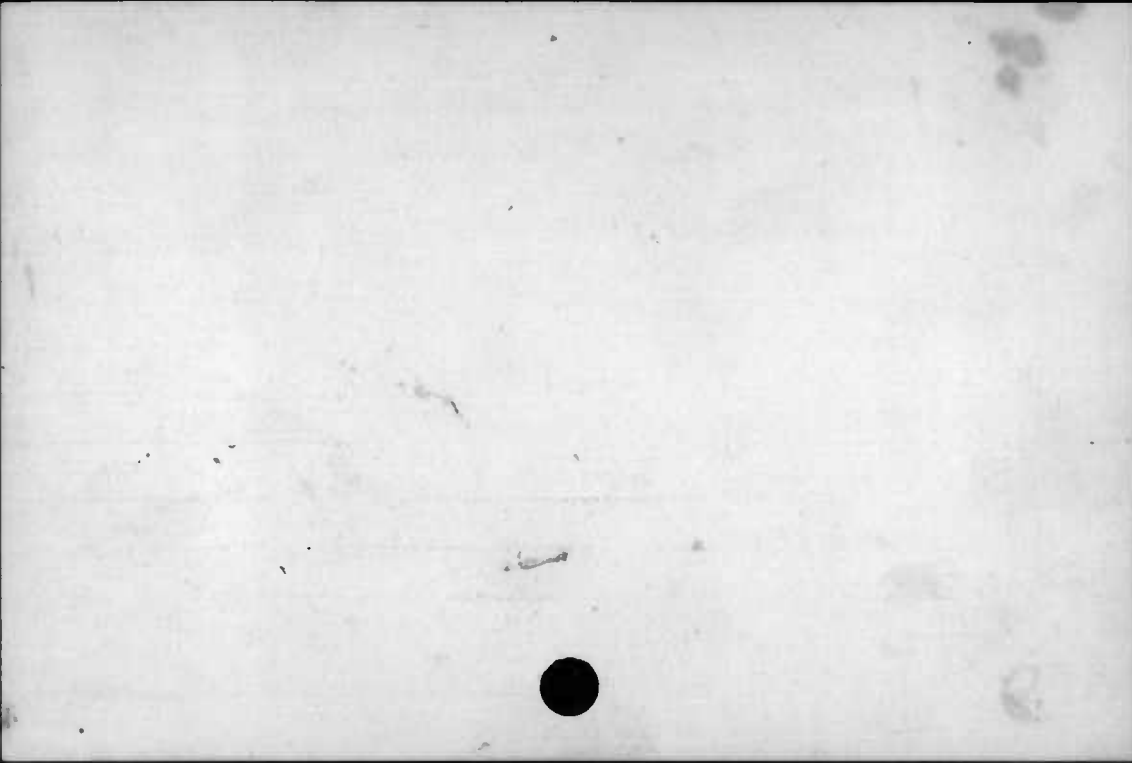
Died at <i>Mardela Springs</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>12</i> ^{Day}	Age <i>7</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>School Girl</i>	Where Residing if not at place of death				
Married Single	Name of Wife or Husband				
Father's Name <i>Oscar Daskieil</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Maggie Daskieil</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Livewood Daskieil</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

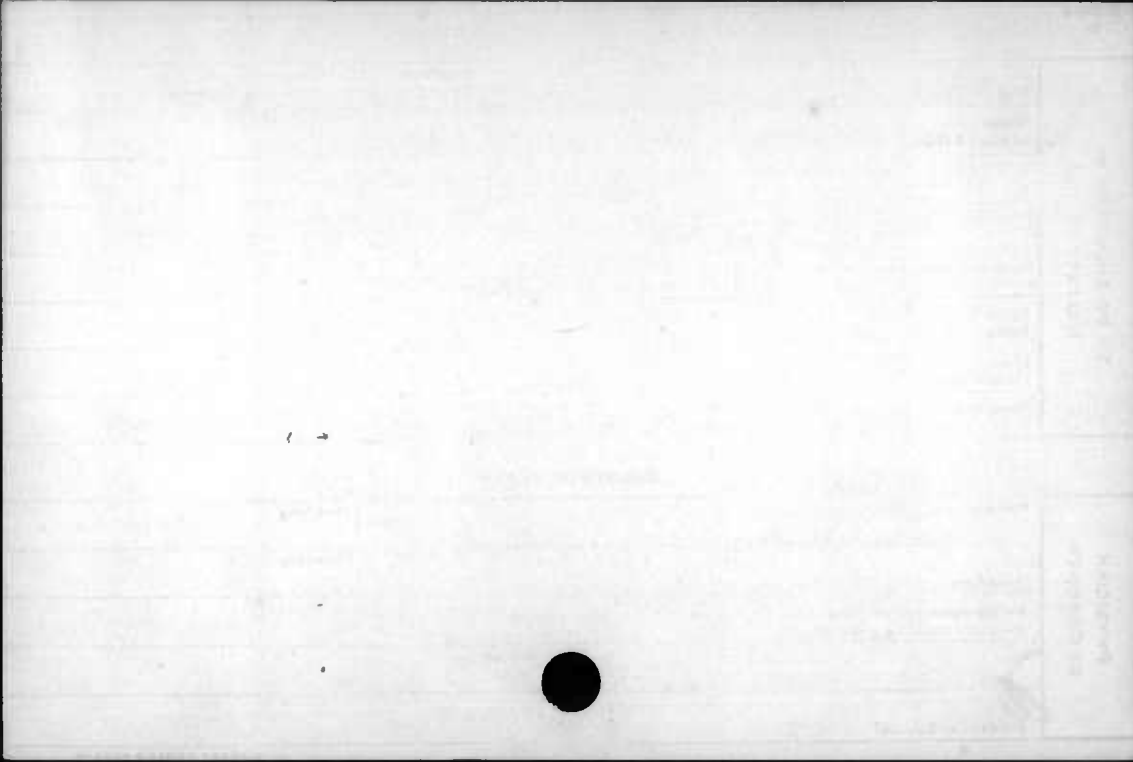
1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John M. Elderdice</i>
	Address <i>Mardela Springs, Md.</i>
Accident or Suicide?	



Name in Full		Harriet D. Dixon				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico		
	County						MARYLAND	
	Date of death	1907	Month	June	Day	3	Age	44
	Sex		Female		Color or Race		Black	
	Occupation		Housework		Birth-place		Md	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband		David J. Dixon	
	Father's Name		Major Parker		Father's Birthplace		Md	
Mother's Maiden Name		Emiline Timmons		Mother's Birthplace		Md		
Name of person giving information		David J. Dixon		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	132	
	Immediate	Pneumonia				How long	few days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. M. Davis	
	Address		Salisbury, Md					
	Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

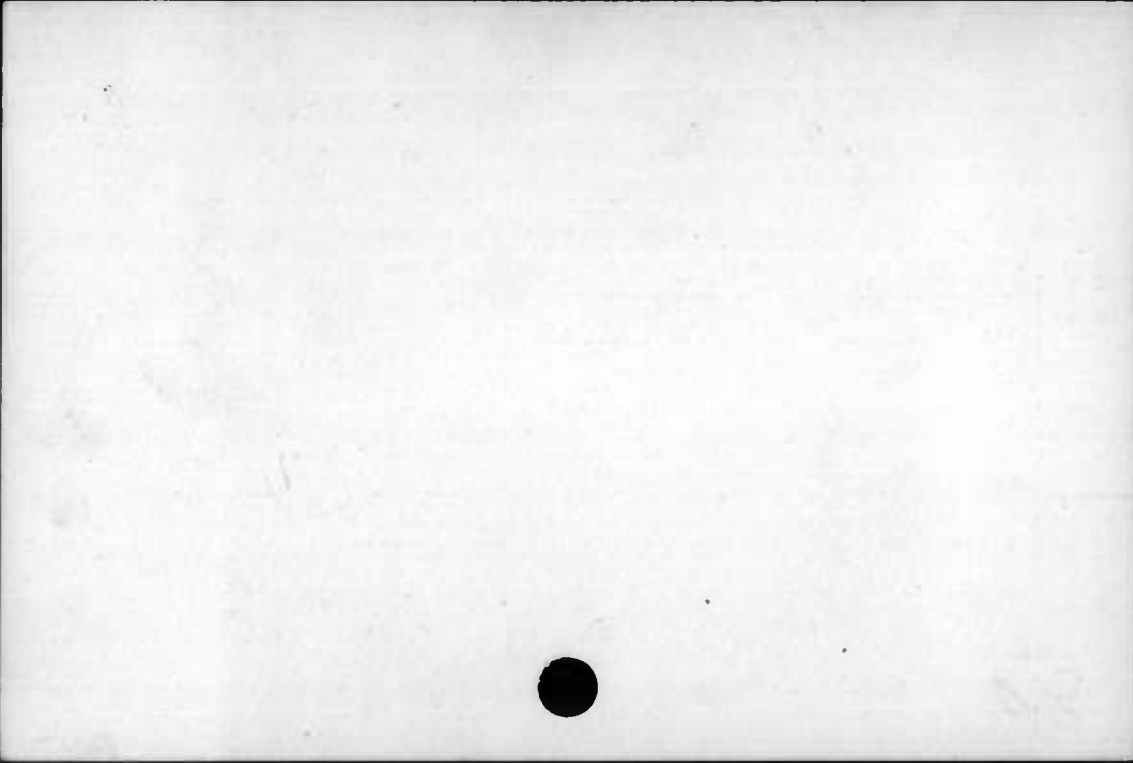
Died at <i>man</i>		Town <i>Quantico</i>		County <i>Meconic</i>		MARYLAND	
Date of death 1907		Month <i>12</i>	Day <i>23</i>	Age <i>26</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>no name</i>			
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John James</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>May James</i>				Mother's Birthplace <i>in D.C.</i>			
Name of person giving information <i>Big E. L.</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Embolicism of base.</i>		How long	<i>8 mbr.</i>
Immediate	<i>Pulmonary embolism</i>		How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. L. L.</i>		
Address <i>Quantico Maryland</i>		Address		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Robert Hitch

TO BE ANSWERED BY
NEAREST FRIEND

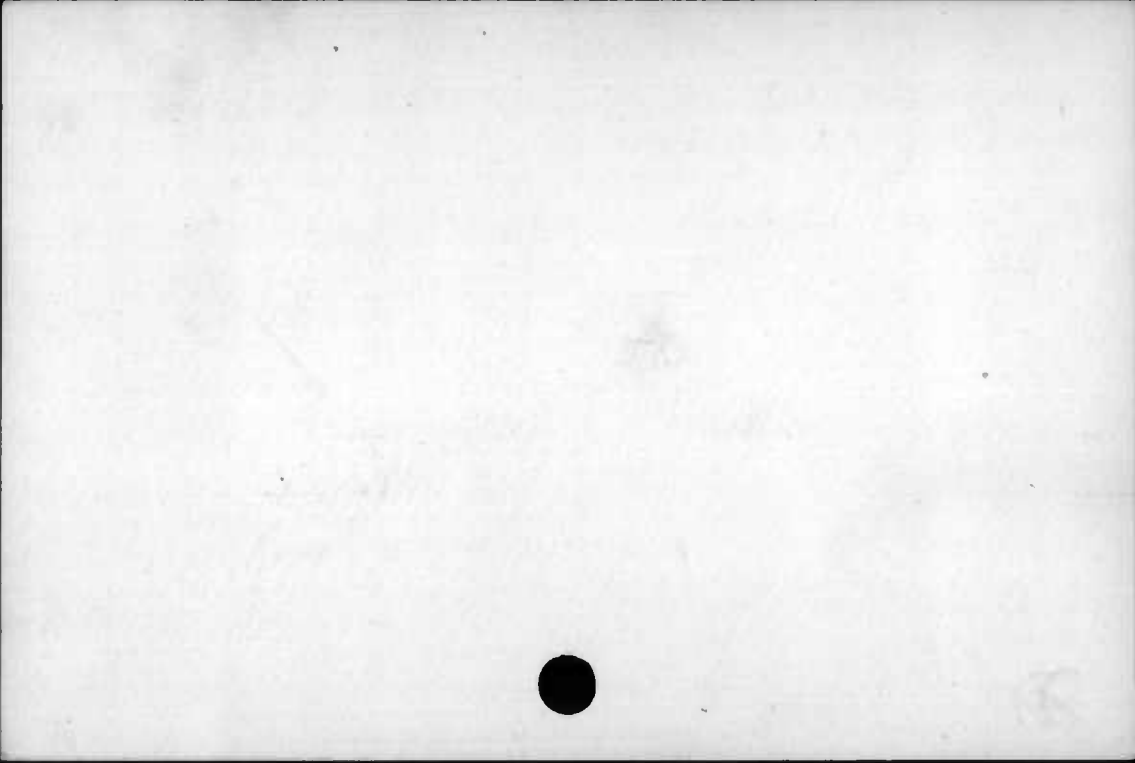
Died at <i>Corny</i> ^{Town}		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	12	Day	12
Age	90	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Delaware</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Eliza Hitch</i>		
Father's Name	<i>Not known</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>1 1</i>		Mother's Birthplace	<i>Mr. Laurel, Del.</i>	
Name of person giving information			How related and deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Archibald James Henry Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

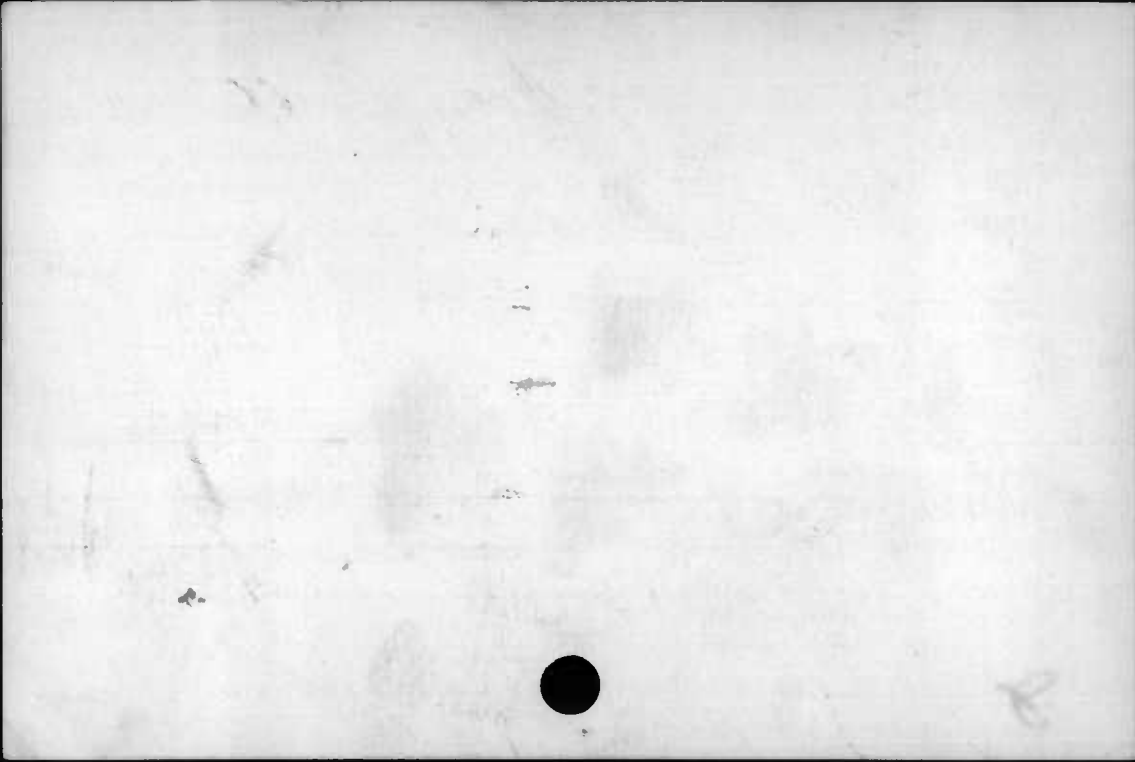
Died at		White Haven		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec.	6	69	8	14	
Sex		Male		Color or Race		White	
Occupation		Physician		Birth-place		Somerset Co.,	
Where Residing if not at place of death		White Haven					
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Emily Lankford.	
Father's Name		Isaac Smith Lankford.				Father's Birthplace	
						Somerset Co.,	
Mother's Maiden Name		Sarah Colbourn				Mother's Birthplace	
						Somerset Co.,	
Name of person giving information		Mrs. Mary E. Lankford				How related to deceased	
						Wife	

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary		Neuralgia		How long		12 hrs	
Immediate		Angina Pectoris		How long		2 minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. Lottin, M.D.	
				Address		White Haven, Md.	
Accident or Suicide?							



Name
in
Full

Mrs Annie Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clara</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>12</i> Day <i>3</i>		Age <i>56</i> Years		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thos L Merrick</i>				
Father's Name <i>Wm L. Hall</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sarah Hall</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Thos L Merrick</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>12 Years -</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>9 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J B Bishop</i>
	Address <i>Northlake</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

Marion A Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rockaway ^{County} Wisconsin

Date of death 1907 ^{Month} Dec ^{Day} 4 Age ^{Years} 9 ^{Months} 21 ^{Days}

Sex male Color or Race Black Birth-place Md

Occupation Not any Where Residing if not at place of death Rockaway

Married, Single or Widowed Single Name of Wife or Husband Not any

Father's Name Ashbury Nelson Father's Birthplace Md

Mother's Maiden Name Mary E Rands Mother's Birthplace Md

Name of person giving information Ashbury Nelson How related to deceased Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Whooping Cough How long 2 weeks

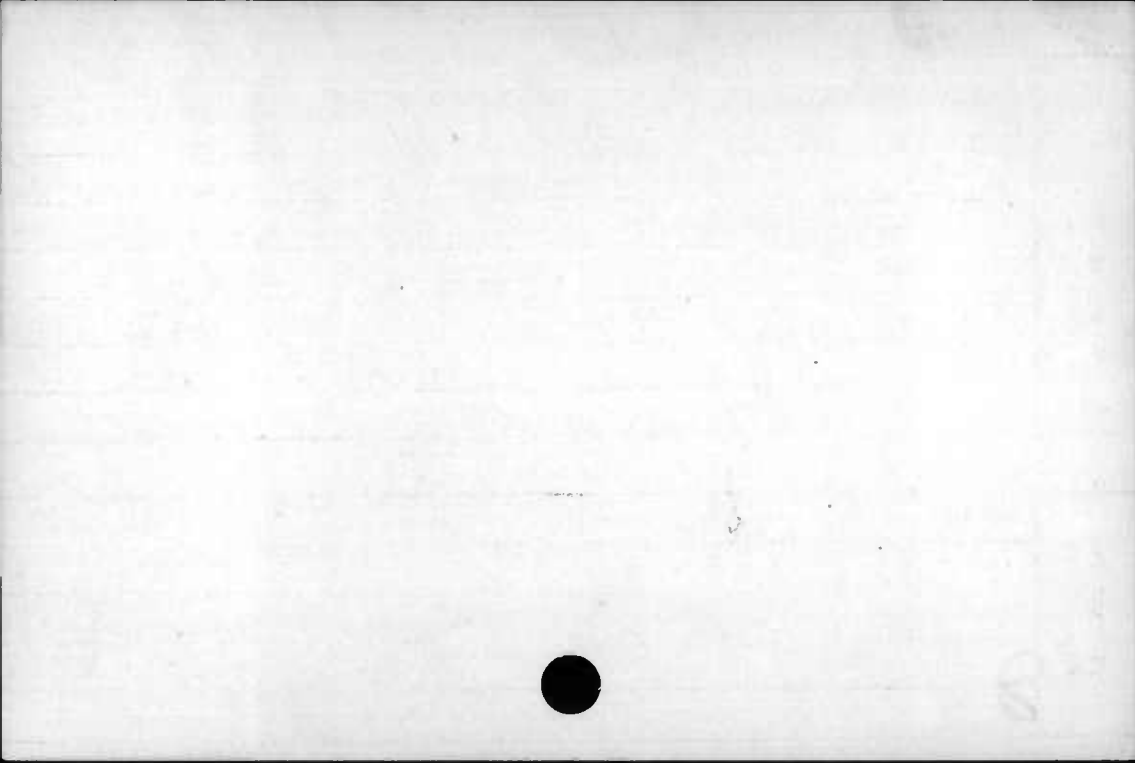
Immediate Pneumonia How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr C R Truett

Address Salisbury Md

Accident or Suicide?



Name
in
Full

Thomas Edward Tillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

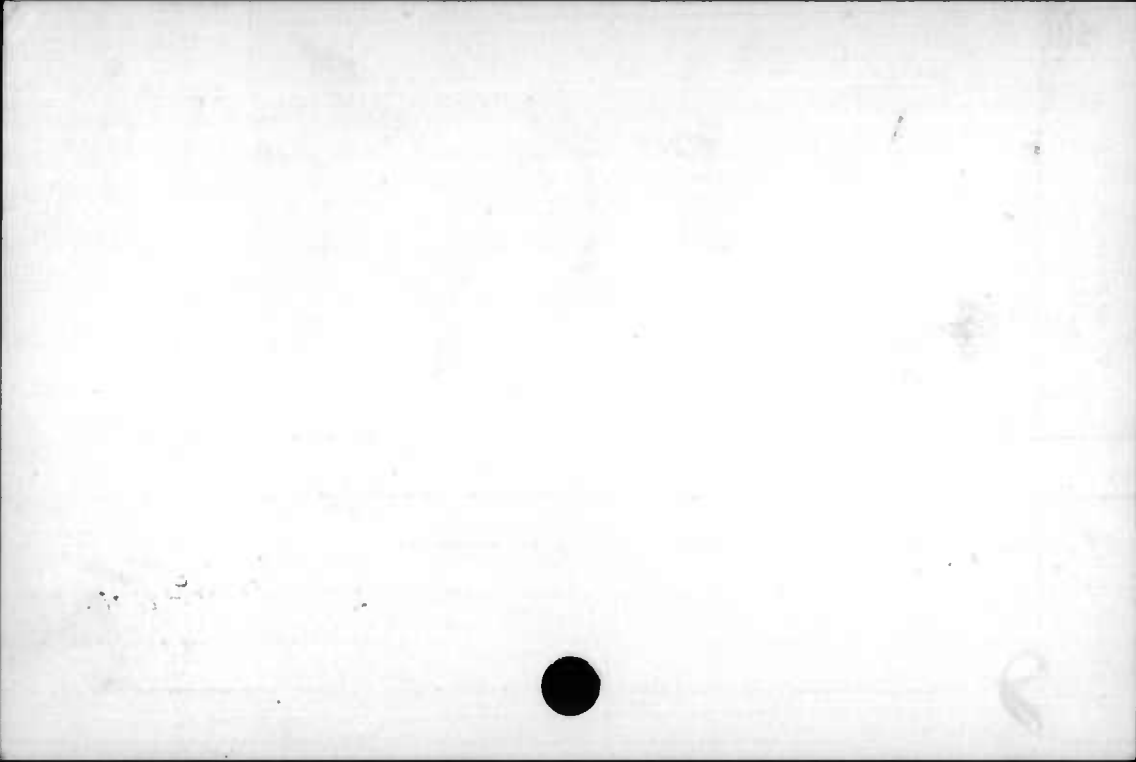
Died at <u>Delman</u> Town		<u>Wagomico Co</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>12</u>	Day <u>20</u>	Age <u>2</u> Years	Months <u>7</u> Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Delman Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>"</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Clarence Tillman</u>			Father's Birthplace <u>Panna</u>		
Mother's Maiden Name <u>Giorgianna Butler</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

161

PHYSICIAN
OR CORONER

Primary <u>Menigitis</u>	How long <u>3 days</u>
Immediate <u>Menigitis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robert Ellegood M.D.</u>
	Address <u>Delman Dr</u>
Accident or Suicide?	



Name
in
Full

Benjamin H Doskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

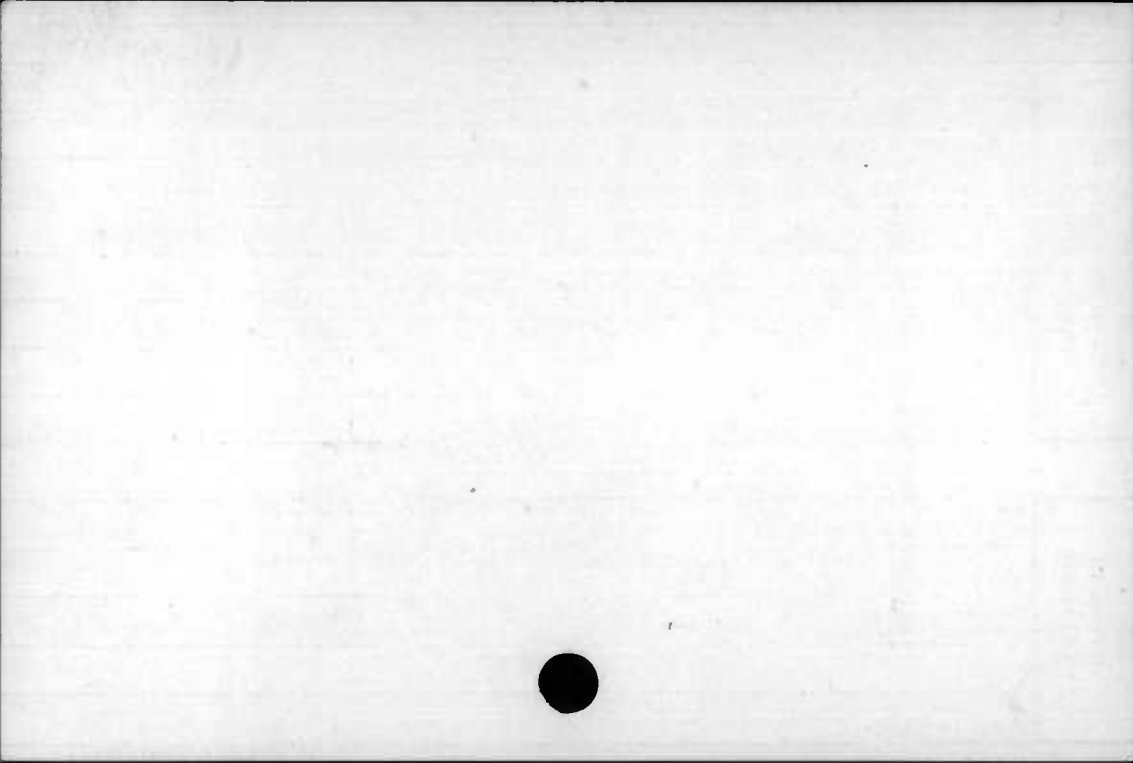
Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>Mar</u> <small>Day</small>	<u>29</u> <small>Year</small>	Age	<u>63</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Del</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single <u>or Widowed</u>	Name of Wife or Husband		<u>Eliza J Doskey</u>		
Father's Name	<u>Thomas Doskey</u>		Father's Birthplace	<u>Don't know</u>	
Mother's Maiden Name	<u>Don't know</u>		Mother's Birthplace	<u>in "</u>	
Name of person giving information	<u>Charles W Doskey</u>		How related to deceased	<u>son</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's disease</u>	How long	<u>6 mo</u>
Immediate	<u>Pulmonary edema</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Salisbury Md</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Ann Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

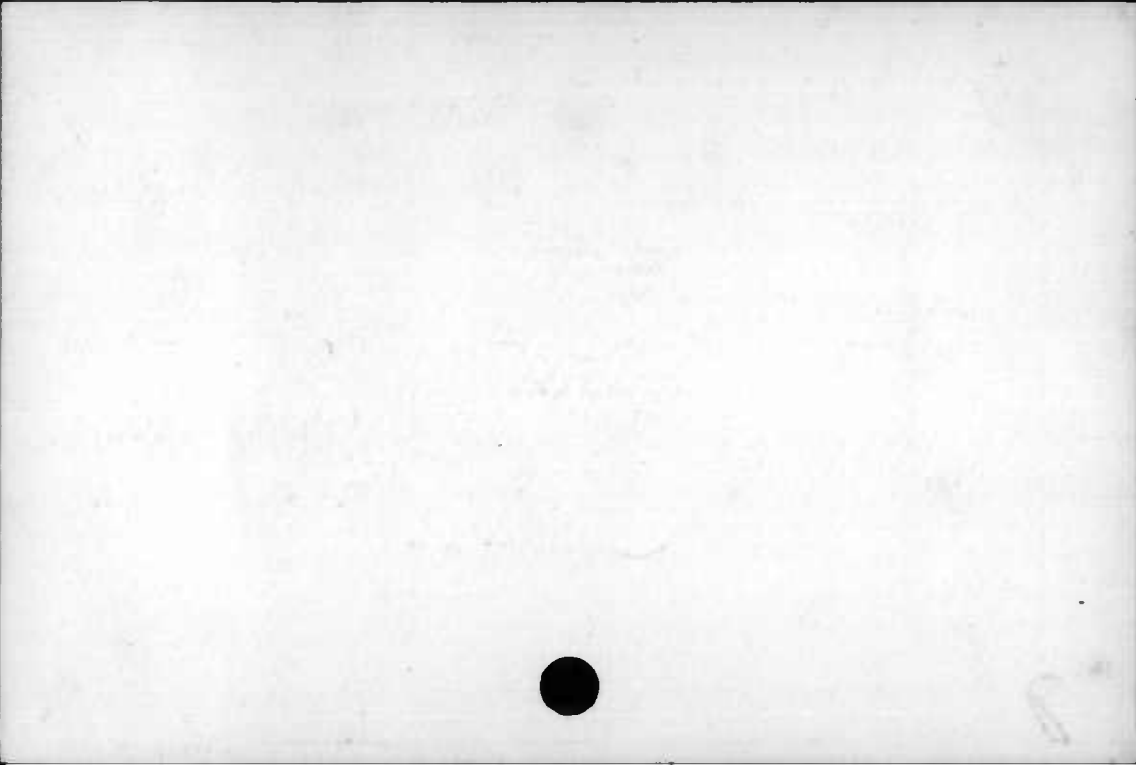
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec.</i>	Day	<i>12</i>
Age		<i>84</i>	Years	<i>9</i>	Months
Days		<i>0</i>			
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace <i>Worcester Co. Md.</i>	
Occupation	<i>None</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>not known</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>not known</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Mrs. Belle Jones</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>Several years</i>
Immediate	<i>General Progressive Paralysis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Lowell L. Morris</i>	
		Address <i>Delaware</i>	
Accident or Suicide?			



Name
in
Full

Vaughn Wailes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND			
Date of death	<u>1907</u>	<u>Dec</u> Month	<u>17</u> Day	Age	<u>7</u> Years	<u>7</u> Months	<u>15</u> Days
Sex	<u>male</u>		Color or Race	<u>Black</u>		Birth-place	<u>Md</u>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<u>Samuel Leonard</u>		Father's Birthplace	<u>Md</u>
Mother's Maiden Name				<u>Annie Wailes</u>		Mother's Birthplace	<u>Md</u>
Name of person giving information				<u>Annie Wailes</u>		How related to deceased	<u>Mother</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Phthisis</u>	How long	<u>7 months</u>
Immediate	<u>Marasmus</u>	How long	<u>7 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. A. Potter</u>
<u>Yes</u>		Address	<u>Salisbury Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Crista A. Weatherly

Town

County

Died at

Spring Hill

Wicomico

MARYLAND

Date

of death 1907

Month

Dec.

Day

24th

Age

Years

46

Months

1

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Mardela Springs

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Lorvin Weatherly

Father's
Name

Thomas Ralph

Father's
Birthplace

D.C.

Mother's
Maiden Name

Nancy Weatherly

Mother's
Birthplace

Md.

Name of person giving
Information

Mary Weatherly

How related
to deceased

Sister in law

CAUSES OF DEATH

42

Primary

Carcinoma of breast

How long

37 yrs

Immediate

Choking, secondary esophageal growth

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Capin
Salisbury, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

